

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033269

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 125

FILED SEP 10 1963

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY Ray	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell		
1 0890	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township	Length of stay in lb 2 weeks	c. CITY OR TOWN Polo	
2 0130		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hosp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS ---	
3		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
4 0		First JOHN	Middle BENJAMIN	Last CARTER	Month Sept. Day 6, Year 1963
5 1		5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/5/1892
6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY General farming	9. AGE (last birthday) 71
7 0		11. BIRTHPLACE (City and state or country) Browning, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
8 2		13a. FATHER'S NAME W. P. Carter		13b. MOTHER'S MAIDEN NAME Lulu Moore	
9 4201		14. NAME OF HUSBAND OR WIFE Mrs. J. B. Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
10		16. SOCIAL SECURITY NO. World War I		17. INFORMANT Mrs. J. B. Carter, Polo, Mo.	
11		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) atherosclerosis DUE TO (c) year			
12 1-0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
13 20		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
USE BLACK INK OR TYPEWRITER RIBBON		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS SHOULD READ:		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
BY AFFIDAVIT OF		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		20c. TIME OF INJURY Hour --- Month, Day, Year --- a.m. --- p.m. ---			
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
		20f. CITY, TOWN, OR LOCATION COUNTY --- STATE ---			
		21. I attended the deceased from 8-28-63 to 9-6-63 and last saw him alive on 9-5-63 Death occurred at 1:45 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
		22a. SIGNATURE (Degree or title) J. P. Riley - M.D.			
		22b. ADDRESS Richmond, Mo.			
		22c. DATE SIGNED 9/6/1963			
		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
		23b. DATE 9/6/1963			
		23c. NAME OF CEMETERY OR CREMATORY Jenkins Cemetery			
		23d. LOCATION (City, town, or county) Browning, Mo.			
		24. FUNERAL DIRECTOR ADDRESS Wade Funeral Home, Browning, Mo.			
		25. DATE RECD. BY LOCAL REG. 9/6/1963			
		26. REGISTRAR'S SIGNATURE Malcolm Jackson			

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1963
SEP 18 1963

OCT 15 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.